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MULTILATERAL EVALUATION MECHANISM (MEM)

*Evaluation Report on Drug Policies:
Measures of Prevention, Treatment, and
Recovery Support*

Jamaica

Inter-American Drug Abuse Control Commission (CICAD)
Secretariat for Multidimensional Security (SMS)

2021



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**Evaluation Report on Drug Policies:
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EIGHTH EVALUATION ROUND

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PREFACE

The Multilateral Evaluation Mechanism (MEM), established by a mandate from the Second Summit of the Americas (Santiago, Chile - 1998), is a unique multilateral evaluation tool designed to measure the progress made and challenges faced by the member states of the Organization of American States (OAS) in implementing the Hemispheric Plan of Action on Drugs of the OAS Hemispheric Drug Strategy, currently in force.

The Inter-American Drug Abuse Control Commission (CICAD) of the Secretariat for Multidimensional Security (SMS) is the OAS specialized agency in charge of implementing this Mechanism.

The current MEM round is based on the objectives of the Hemispheric Plan of Action on Drugs 2021-2025 of the Hemispheric Drug Strategy 2020 and their respective priority actions. These documents take into account the recommendations of the outcome document of the United Nations General Assembly Special Session on the World Drug Problem (UNGASS 2016) and the United Nations 2030 Agenda on Sustainable Development, as well as cross-cutting issues, such as the gender perspective and human rights, cultural context, and social inclusion approaches, among others.

Seven evaluation rounds have been completed from 1998 to 2019 and, during 2020, the MEM Intergovernmental Working Group (IWG), composed of member state delegates, agreed on a new methodology for the eighth round, consisting of annual thematic evaluations with the support of independent technical consultants, as follows: 2021 – Measures for Prevention, Treatment, and Recovery Support; 2022 – Measures to Control and Counter the Illicit Cultivation, Production, Trafficking, and Distribution of Drugs, and to Address their Causes and Consequences; 2023 – Institutional Strengthening; Research, Information, Monitoring, and Evaluation; International Cooperation; and 2024 – Comprehensive Evaluation based on updated information from all thematic areas.

MEM evaluations are carried out based on information provided by the member states' National Coordinating Entities (NCEs), which is analyzed by the MEM Governmental Expert Group (GEG), composed of experts designated by the countries, who do not participate in their own country's evaluation, thus ensuring the transparency and impartiality of the process. The GEG is always supported by the group of independent technical consultants and the MEM Unit. The eighth round represents a more rigorous evaluation process, in which countries are requested to provide valid means of verification to support the information submitted and ensure compliance of each priority action.

Specifically, the GEG's work for the thematic assessment for the area of "Measures for Prevention, Treatment, and Recovery Support" was conducted during 2021, and covers the 2019 to 2021 period (unless otherwise specified). This work was adapted to the COVID-19 pandemic with the use of technology and virtual tools, as well as taking it into consideration in the evaluation assessments.

Finally, it should be noted that one of the main purposes of MEM evaluation reports is to serve as a useful diagnostic tool to identify opportunities for improvement in drug policies and strategies, both at the national and regional levels.

OBJECTIVE
1

ESTABLISH COMPREHENSIVE AND INTEGRATED DRUG DEMAND REDUCTION POLICIES WITH A PUBLIC HEALTH FOCUS, THAT ARE EVIDENCE-BASED, MULTIDISCIPLINARY, MULTISECTORAL, RESPECTFUL OF HUMAN RIGHTS, THAT CONSIDER THE GENDER PERSPECTIVE AND COMMUNITY¹, AND TAKE INTO ACCOUNT THE GUIDELINES AND/OR RECOMMENDATIONS OF SPECIALIZED INTERNATIONAL AND/OR REGIONAL ORGANIZATIONS.

Priority Action 1.1: Establish and/or update evidence-based programs in the areas of health promotion, prevention, early intervention, treatment, care, rehabilitation, social integration, and recovery and related support services, as well as initiatives and measures aimed at minimizing the adverse public health and social consequences of drug abuse, taking into account gender, age, community, and cultural context, and establish budgetary mechanisms for such programs.

Jamaica has drug demand reduction policies that include programs in the areas of health promotion, prevention, early intervention, treatment, care, rehabilitation, and social integration services. However, the country does not have programs in the area of recovery support.

Area	Policies / Programs
Health promotion	- Ministry of Health and Wellness Non-communicable diseases (MOHW NCD) Strategic Plan
Prevention	- National Council on Drug Abuse (NCDA) Strategic Plan - National Alcohol Policy
Early intervention	- NCDA Strategic Plan
Treatment	- NCDA Strategic Plan - National Alcohol Policy
Care	
Rehabilitation	
Social integration	- NCDA Strategic Plan

These programs include age, community, and cultural context approaches; however, not gender.

Priority Action 1.2: Develop, strengthen, and/or implement, as appropriate, coordination mechanisms for collecting, analyzing, and disseminating information on drug use prevention, treatment, rehabilitation, recovery, and social reintegration service availability, utilization, and outcomes, for the general public and different target populations, with support, as needed, from civil society, academic and research institutions, as appropriate.

Jamaica develops, strengthens, and implements coordination mechanisms for the collection, analysis, and dissemination of and access to information on drug use prevention, treatment, rehabilitation, recovery, and social reintegration services.

¹ Community includes ethnicity, among others.

Priority Action 1.3: Carry out impact, process, and outcome evaluations of demand reduction programs.

Jamaica has monitoring instruments for drug demand reduction programs.

Jamaica has carried out the following process and outcome evaluations of its drug demand reduction programs:

Program evaluated	Title of evaluation performed	Type of evaluation performed	Year of program evaluation
All prevention programs	Process Evaluation	Process	2019-2020
Treatment	Client Satisfaction Survey 2019/2020	Outcome	2019-2020

Jamaica has not conducted impact evaluations or any other related or current studies on drug consumption prevention programs.

Priority Action 1.4: Develop and/or implement, as appropriate, coordination mechanisms with civil society, academic and research institutions, and other stakeholders to support the development and implementation of demand reduction programs.

Jamaica develops and implements coordination mechanisms to support the development and implementation of demand reduction programs, allowing for the participation of and coordination with civil society and other stakeholders.

Priority Action 1.5: Promote national prevention, treatment, care, recovery, rehabilitation, and social integration measures and programs, with a comprehensive and balanced drug demand reduction approach and, in that regard, promote nationally recognized standards by member states on drug use preventions and/or the “International Standards on Drug Use Prevention,” and the “International Standards for the Treatment of Drug Use Disorders,” both developed jointly by the World Health Organization (WHO) and United Nations Office on Drugs and Crime (UNODC).

Jamaica promotes national prevention, treatment, care, recovery, rehabilitation, and social integration measures and programs, with a comprehensive and balanced drug demand reduction approach, and promotes nationally recognized standards by member states on drug use preventions and the “International Standards on Drug Use Prevention,” and the “International Standards for the Treatment of Drug Use Disorders,” both developed jointly by WHO and UNODC.

**OBJECTIVE
2**

ESTABLISH OR STRENGTHEN AN INTEGRATED SYSTEM OF EVIDENCE-BASED UNIVERSAL, SELECTIVE, AND INDICATED DRUG USE PREVENTION PROGRAMS THAT PRIORITIZE AT-RISK POPULATIONS,² AS WELL AS ENVIRONMENTAL PREVENTION, THAT INCORPORATE A HUMAN RIGHTS, GENDER, AGE, AND MULTICULTURAL PERSPECTIVE.

Priority Action 2.1: Develop and implement evidence-based drug use prevention strategies and/or programs in the school, family, work, and community settings.

Priority Action 2.4: Implement selective prevention programs aimed at at-risk populations, in particular at children, adolescents, youth, and women.

Priority Action 2.5: Develop and strengthen indicated prevention programs aimed at individuals at increased risk of developing substance use disorders.

Jamaica implements the following prevention strategies or programs:

Population group	Estimated Coverage		Strategy / Program	Type of program
	Target population	Coverage rate		
School children and university students:				
<ul style="list-style-type: none"> Elementary/primary 	<u>2019</u> 4542/190,000	2.4%	READ Junior & Middle READ	Selective
	<u>2020</u> 1160/190,000	0.6%		
<ul style="list-style-type: none"> Junior high & high school (secondary school) 	<u>2019</u> 2,201/220,000	1%	Strive, READ Plus “Talk Di Truth” & Step Up	Universal, selective and indicated
	<u>2020</u> 715/220,000	0.3%		
<ul style="list-style-type: none"> University/tertiary education 	Undetermined	Undetermined	Count Your Drinks	Universal
Street population:				
<ul style="list-style-type: none"> Adults 	<u>2019</u> 493	Undetermined	“Tek it to Dem” Programme	Selective
	<u>2020</u> 1,162			

² At-risk populations may include: women, children, adolescents, LGBTIQ+ persons, people who use drugs, prison population, indigenous groups, migrants, homeless individuals, and other socially disadvantaged groups.

Population group	Estimated Coverage		Strategy / Program	Type of program
	Target population	Coverage rate		
Family	<u>2019</u> 636	Undetermined	Operation Lighthouse	Universal
	<u>2020</u> 52			
Gender:				
• Women	(Not disaggregated) <u>2019</u> 81,677/1,918,000	4.3%	Prevention Presentations	Universal
• Men	<u>2020</u> 45,262/1,918,000	2.4%		
LGBTIQ+	<u>2019</u> 493	Undetermined	Tek it to Dem Program	Selective
	<u>2020</u> 1,162			
Community	<u>2019</u> 3,179	Undetermined	Targeted Community Intervention (TCI)	Universal
	<u>2020</u> 481			
Individuals in the workplace	<u>2019</u> 157	Undetermined	Workplace Testing and Counselling	Indicated
	<u>2020</u> 23			

Jamaica does not implement specific programs for the following population groups: pre-school; boys/girls and youths in street situations; indigenous people; migrants and refugees; or incarcerated individuals.

Priority Action 2.2: Develop and strengthen situational assessments to identify specific needs, risk, and protective factors of each target population of drug use prevention programs.

Jamaica has carried out and strengthened situational assessments to identify the specific needs, risk, and protective for the following target populations of drug use prevention programs: elementary/primary; junior high & high school (secondary school); university/tertiary education; street population (adults); family; men and women; LGBTIQ+; community; and individuals in the workplace.

Priority Action 2.3: Promote the exchange of research findings, experiences, and best practices to improve the effectiveness of prevention programs, taking into consideration the “International Standards on Drug Use Prevention,” developed jointly by the World Health Organization (WHO) and United Nations Office on Drugs and Crime (UNODC).

Jamaica promotes the exchange of research findings, experiences, and best practices to improve the effectiveness of prevention programs, that take into consideration the "International Standards on Drug Use Prevention," jointly developed by WHO and UNODC.

OBJECTIVE**3**

ESTABLISH AND STRENGTHEN, AS APPROPRIATE, NATIONAL CARE, TREATMENT, REHABILITATION, RECOVERY, AND SOCIAL INTEGRATION SYSTEMS FOR PEOPLE WHO USE DRUGS, THAT ARE INTEGRATED WITH HEALTH SYSTEMS, AND THAT RESPECT HUMAN RIGHTS, AND OFFER GENDER-SPECIFIC SERVICES, AND THAT, TO THE EXTENT POSSIBLE, ARE DESIGNED AND ADMINISTERED IN ACCORDANCE WITH INTERNATIONALLY ACCEPTED QUALITY STANDARDS.

Priority Action 3.1: Implement and strengthen comprehensive and inclusive care, treatment, rehabilitation, recovery, and social integration programs and services in the public health care network, and/or social protection, taking into account the “International Standards on Treatment of Drug Use Disorders” and the Technical Guide for countries to set targets for universal access to HIV prevention, treatment, and care for injecting drug users, issued by the World Health Organization (WHO), the United Nations Office on Drugs and Crime (UNODC), and the Joint United Nations Program on HIV/AIDS (UNAIDS).

Jamaica has the following comprehensive and inclusive care, treatment, rehabilitation, recovery, and social integration programs and services in the public health care and/or social protection network: early intervention (brief intervention, counseling), crisis intervention, diverse treatment modalities, dual pathology (co-morbidity) and social integration and services related to recovery support. These programs and services take into account a public health, human rights, and gender approaches

The “Tek it to Dem” Programme (harm reduction) specifically targets homeless MSM (men who have sex with men), transgender and female commercial sex workers, as part of taking gender into account within programs/services.

Jamaica’s programs and services take into account the “International Standards for the Treatment of Drug Use Disorders” of the WHO and UNODC, by incorporating them into treatment guidelines/protocols.

Jamaica takes into account the use of the “Technical Guide for countries to set targets for universal access to HIV prevention, treatment, and care for injecting drug users,” issued by WHO, UNODC, and UNAIDS, to establish goals in relation to universal access to prevention, treatment, and care of HIV infection.

Priority Action 3.2: Monitor and evaluate the results of care, treatment, rehabilitation, recovery, and social integration programs and comprehensive public and private facilities, taking into account the gender perspective, age, and cultural context, as appropriate.

Jamaica implements mechanisms to continuously monitor and evaluate the results of care, treatment, rehabilitation, recovery, and social integration programs and comprehensive public and private facilities.

These mechanisms take into account the gender and human rights approaches, age, and cultural context during the evaluation and monitoring of care, treatment, rehabilitation, recovery, and social integration programs and comprehensive public and private facilities. In this regard, the socio-demographic characteristics such as age and gender are disaggregated in the analysis and reporting process.

Priority Action 3.3: Promote measures to protect the rights of persons in treatment.

Jamaica has mechanisms to protect the rights of persons in treatment programs and services through standards of care.

These mechanisms have protocols to protect the confidentiality of the information provided by those receiving these services and include the process of providing adequate information about treatment and informed consent.

Priority Action 3.4: Promote and offer alternative means for providing early intervention, care, treatment, rehabilitation, recovery, and social integration services for criminal offenders who use drugs, as an alternative to criminal prosecution and/or imprisonment.

Jamaica has drug treatment courts as alternatives of early intervention, care, treatment, rehabilitation, recovery, and social integration services for criminal offenders who use drugs.

Priority Action 3.5: Establish early intervention, care, treatment, rehabilitation, recovery, and social integration programs for incarcerated individuals.

Jamaica does not offer early intervention, care, treatment, rehabilitation, recovery, or social integration services for incarcerated individuals who use drugs.

Priority Action 3.6: Design and implement cooperation mechanisms with social and community actors that provide social and community support services in order to contribute to social integration of people who use drugs, particularly at-risk populations, in an ongoing, sustainable, and recovery-oriented manner.

Jamaica implements the following cooperation mechanisms with social or community actors that provide social and community support services, which contribute to the social integration of people who use drugs:

Organizations	Programs
Association of Family and Friends of Substance Abusers (AFAFOSA)	Social integration support
HEART Trust NTA	Skills training

Priority Action 3.7: Promote regional and international cooperation and share best practices in increasing access to and availability of evidence-based treatment and recovery services, including access to naloxone and other medicines used in the treatment of substance use disorder.

Jamaica promotes regional and international cooperation and share best practices in increasing access to and availability of evidence-based treatment or recovery services, including access to naloxone and other medicines used in the treatment of substance use disorders. In this regard, there is cooperation/partnership with Cooperation Programme between Latin America, the Caribbean and the European Union on Drugs Policies (COPOLAD), CICAD, Caribbean Community (CARICOM), and Pan-American Health Organization (PAHO).

Priority Action 3.8: Promote measures to address the stigma and social marginalization associated with substance use disorders, which may deter individuals from seeking, accessing, and/or completing demand reduction services.

Jamaica promotes measures to address the stigma and social marginalization associated with substance use disorders. In this regard, there are public education campaigns through social and traditional media.

OBJECTIVE

4

FOSTER ONGOING TRAINING AND CERTIFICATION OF PREVENTION, TREATMENT, AND REHABILITATION SERVICE PROVIDERS.

Priority Action 4.1: Implement ongoing competency-based training mechanisms, in collaboration with academic institutions and other specialized organizations.

Jamaica implements ongoing competency-based training in the areas of prevention, treatment, and rehabilitation. This is done through professional development courses – International Narcotics and Law Enforcement Bureau of the U.S. Department of State (US/INL) sponsored specialized treatment for dually diagnosed clients course 2020, and INL/CICAD Case & Care Management Training 2019/2020.

Jamaica participates in the following prevention, treatment, and rehabilitation training programs offered by specialized international organizations:

International organizations	Training programs	Name of program	Approaches taken into account
COPOLAD	Prevention, Treatment, Rehabilitation	Comprehensive approach to the prevention and reduction of adverse consequences of drug use in highly vulnerable populations: a public health strategy Comprehensive and integrated socio-sanitary system for drug dependence in primary care	Gender, human rights, public health

The “Comprehensive approach to the prevention and reduction of the adverse consequences of drug use in populations in situation of high vulnerability: a public health strategy” program includes a module to increase awareness on incorporating gender into programming.

Priority Action 4.2: Develop and utilize criteria for certification of drug use prevention, treatment, rehabilitation, and social integration service providers that recognize tiered (e.g. basic, intermediate, and advanced) levels and/or specialized competencies (e.g. Co-occurring substance use and mental health disorder credentials).

Jamaica does not certify personnel working in prevention, treatment, rehabilitation, or social integration services.

Priority Action 4.3: Conduct a situational assessment to identify training needs of prevention, early intervention, care, treatment, rehabilitation, recovery, and social integration service providers.

Jamaica has carried out situational assessments to identify the training needs of personnel working in prevention, treatment, and rehabilitation programs. However, the country has not carried out these assessments for personnel working in early intervention, care, recovery, or social integration programs.

Priority Action 4.4: Develop specialized programs in response to training needs identified by the situational assessment.

Jamaica does not develop specialized programs in response to training needs identified by situational assessments.

OBJECTIVE
5**ESTABLISH AND/OR STRENGTHEN GOVERNMENT INSTITUTIONAL CAPACITIES TO REGULATE, ENABLE, ACCREDIT, AND SUPERVISE PREVENTION PROGRAMS AND CARE, TREATMENT, REHABILITATION, AND REINTEGRATION SERVICES.**

Priority Action 5.1: Establish and implement regulatory measures that include quality criteria for the accreditation of prevention programs and care and treatment services.

Jamaica does not have regulatory measures for accrediting prevention programs.

The country does not have an accreditation process for care or treatment services.

Jamaica does not use CICAD's Indispensable Criteria for the opening and operating of drug use disorders treatment centers.

Priority Action 5.2: Establish supervisory mechanisms to ensure that prevention programs and public and private treatment services meet the standards of international quality criteria recognized by the member states.

Jamaica has standards of care through the Ministry of Health and Wellness, and NCDCA as the supervisory mechanisms to ensure that the standards of international quality criteria of prevention services are met.

Jamaica's Standards of Care for Treatment & Rehabilitation through the Ministry of Health and Wellness, and NCDCA is the supervisory mechanism to ensure that the standards of international quality criteria of the public and private treatment and rehabilitation services are met.

In regards, there are no actions taken with public and private treatment and rehabilitation services not meeting the standards of international quality criteria.

Priority Action 5.3: Assessment, at the national, regional, and local levels, of the needs and supply of primary care, treatment, and reintegration services.

Jamaica has conducted a Rapid Situation Assessment, in 2017, at a regional and local levels, to determine the needs regarding primary care, treatment, and reintegration services.

EVALUATIVE SUMMARY

Objective 1

Establish comprehensive and integrated drug demand reduction policies with a public health focus, that are evidence-based, multidisciplinary, multisectoral, respectful of human rights, that consider the gender perspective, community and take into account the guidelines and/or recommendations of specialized international and/or regional organizations.

CICAD notes with satisfaction that Jamaica has drug demand reduction policies that include programs in the areas of health promotion, prevention, early intervention, treatment, care, rehabilitation, and social integration services. These programs include age, community, and cultural context approaches; however, not gender. Further, Jamaica does not have policies that include programs in the area of recovery support. CICAD also notes with satisfaction that Jamaica develops, strengthens, and implements coordination mechanisms for collecting, analyzing, disseminating, and accessing information on drug use prevention, treatment, rehabilitation, recovery, and social reintegration services. In addition, CICAD notes with satisfaction that Jamaica has monitoring instruments for drug demand reduction programs and has carried out process and outcome evaluations of its drug demand reduction programs. However, Jamaica has not conducted impact evaluations or any other related or current studies on drug consumption prevention programs. Further, CICAD notes with satisfaction the Jamaica develops and implements coordination mechanisms to support the development and implementation of drug demand reduction programs with the participation of, and coordination with, civil society and other stakeholders. Further, CICAD notes with satisfaction that Jamaica promotes national prevention, treatment, care, recovery, rehabilitation, and social integration measures and programs, with a comprehensive and balanced drug demand reduction approach and, further, it promotes national standards recognized by member states, including the "International Standards on Drug Use Prevention," and the "International Standards on Treatment of Drug Use Disorders," both developed jointly by WHO and UNODC.

Objective 2

Establish or strengthen an integrated system of evidence-based universal, selective, and indicated drug use prevention programs that prioritize at-risk populations, as well as environmental prevention, that incorporate a human rights, gender, age, and multicultural perspective.

CICAD notes that Jamaica carries out drug use prevention programs in various population groups. However, CICAD observes with concern that the country's programs do not specifically cover all important population groups. CICAD notes that Jamaica has conducted situational assessments to identify the specific needs, risk, and protective factors of the majority of target populations for drug use prevention programs. In addition, CICAD notes with satisfaction that the country promotes the exchange of research findings, experiences, and best practices to improve the effectiveness of prevention programs, taking into consideration the "International Standards on Drug Use Prevention," developed jointly by WHO and UNODC.

Objective 3

Establish and strengthen, as appropriate, national care, treatment, rehabilitation, recovery, and social integration systems for people who use drugs, that are integrated with health systems, and that respect human rights, and offer gender-specific services, and that, to the extent possible, are designed and administered in accordance with internationally accepted quality standards.

CICAD notes with satisfaction that Jamaica has comprehensive and inclusive care, treatment, rehabilitation, recovery, and social integration programs and services in the public health care and/or social protection network. These programs and services consider public health, human rights, and gender approaches. CICAD also observes that the country takes into account the "International Standards for the Treatment of Drug Use Disorders" of the WHO and UNODC and the "Technical Guide for countries to set targets for universal access to HIV prevention, treatment, and care for injecting drug users," issued by WHO, UNODC, and UNAIDS. In addition, CICAD observes with satisfaction that Jamaica implements mechanisms to continuously monitor and evaluate the results of care, treatment, rehabilitation, recovery, and social integration programs and comprehensive public and private facilities, taking into account the inclusion of human rights, gender, age, and cultural context approaches. Additionally, CICAD notes with satisfaction that Jamaica has mechanisms in place to protect the rights of persons in treatment programs and services including protocols to protect the confidentiality of information provided by people receiving these services and the process of providing adequate information about treatment and informed consent. CICAD also notes with satisfaction that Jamaica has drug treatment courts as alternatives to early intervention, care, treatment, rehabilitation, recovery, and social integration services for criminal offenders who use drugs. However, CICAD notes with concern that Jamaica does not offer early intervention, care, treatment, rehabilitation, recovery, or social integration programs for incarcerated individuals who use drugs. CICAD observes with satisfaction that Jamaica implements cooperative mechanisms with social and community actors that provide social and community support services, and which contribute to the social integration of people who use drugs. CICAD also notes with satisfaction that Jamaica promotes regional and international cooperation, and share best practices in increasing access to and availability of evidence-based treatment and recovery services, including access to naloxone and other medicines used in the treatment of substance use disorders. Further, CICAD notes with satisfaction that Jamaica promotes measures to address the stigma and social marginalization associated with substance use disorders, through public education campaigns in social and traditional media.

Objective 4

Foster ongoing training and certification of prevention, treatment, and rehabilitation service providers.

CICAD notes with satisfaction that Jamaica implements ongoing competency-based training in the areas of prevention, treatment, and rehabilitation. Also, the country participates in prevention, treatment, and rehabilitation training programs offered by specialized international

organizations. However, CICAD notes with concern that Jamaica does not certify personnel working in prevention, treatment, rehabilitation, or social integration services. Further, CICAD notes with concern that while Jamaica has carried out situational assessments to identify the training needs of personnel working in prevention, treatment, and rehabilitation programs, they have not done so for early intervention, care, recovery, or social integration programs. Further, CICAD notes with concern that the country has not developed specialized programs in response to training needs identified by situational assessments.

Objective 5

Establish and/or strengthen government institutional capacities to regulate, enable, accredit, and supervise prevention programs and care, treatment, rehabilitation, and reintegration services.

CICAD notes with concern that Jamaica does not have regulatory measures, including quality criteria, to accredit either prevention programs, or care or treatment services. CICAD also observes that Jamaica does not use CICAD's Indispensable Criteria for the opening and operating of drug use disorder treatment centers. However, CICAD notes with satisfaction that Jamaica utilizes standards of care to ensure that the standards of international quality criteria of both prevention and public and private treatment and rehabilitation services are met. However, CICAD observes that there are no actions taken with public and private treatment and rehabilitation services not meeting the standards of international quality criteria. CICAD notes with satisfaction that Jamaica has conducted a Rapid Situation Assessment, in 2017, to determine the needs regarding primary care, treatment, and reintegration services.



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